



1074493 - R8 SDMS

FORM 1 GENERAL		EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA I.D. NO. 1074493 - R8 SDMS FCOD075770560	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE				GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER						If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME							
V. FACILITY MAILING ADDRESS							
VI. FACILITY LOCATION							

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	VAN WATERS & ROGERS
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	PATRICK, ROBERT K. OPERATIONS MGR	303	388 5651

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P.O. BOX 5287	4	DENVER	CO	80217

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	4300 HOLLY ST	6	DENVER	7	DENVER	CO	80216	

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NO.	
GENERAL		EPA		1074493 - R8 SDMS	
GENERAL INFORMATION		Consolidated Permits Program		F C O D 0 7 5 7 7 0 5 6 0	
(Read the "General Instructions" before starting.)				D	
LABEL ITEMS				GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
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SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
		40	41	42	

III. NAME OF FACILITY	
1	SKIP
15 16 - 29 30	VAN WATERS & ROGERS

IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	PATRICK ROBERT K. OPERATIONS MGR	303	388 5651
15 16	45 46 - 48	49 - 51	52 - 55

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3	P.O. BOX 5287		
15 16	45		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	DENVER	CO	80217
15 16	40 41 42	43 44	45 46

VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	4300 HOLLY ST		
15 16	48		
B. COUNTY NAME		C. CITY OR TOWN	D. STATE
6		DENVER	CO
40 41 42		43 44	45 46
E. ZIP CODE		F. COUNTY CODE (if known)	
80216			
47 48 - 51		52 - 54	

NOV 17 1980

Hazardous Waste Program

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																			
C	7	5	1	6	1	(specify)					C	7	5	1	9	1	(specify)												
15	16	17	18	19	Industrial Chemical Distribution										15	16	17	18	19	Agriculture Supply Distribution									
C. THIRD										D. FOURTH																			
C	7	(specify)									C	7	(specify)																
15	16	17	18	19											15	16	17	18	19										

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
C	8	V	A	N	W	A	T	E	R	S	&	R	O	G	E	R	S	D	I	V	O	F	U	N	I	V	A	R	C	O	R	P																									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
15	16																																													55	66												
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P	(specify)	C	A	3	0	3	3	8	8	5	6	5	1																										
																				56		15	16	17	18	19	20	21	22	23	24	25																											
E. STREET OR P.O. BOX																																																											
P.O. BOX 5287																																																											
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND																													
C	B	D	E	N	V	E	R																C	O	8	0	2	1	7	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													
15	16																40	41	42	43	44	45	46	47	48	49	50	51	52																														

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	9	N	NONE												C	9	P	NONE											
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
C	9	U	NONE												C	9	(specify)												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
C	9	R	C.O.D.075770560												C	9	(specify)												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Industrial distribution dealing in chemicals, agricultural supplies and home furnishing products.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE																				C. DATE SIGNED																			
Robert K. Patrick Operations Manager																																								11/6/80																			

COMMENTS FOR OFFICIAL USE ONLY

C																																																	
15	16																																													55			